UNITED NATIONS

ECONOMIC AND SOCIAL COUNCIL

Distr.
GENERAL

E/CN.7/1991/19
3 December 1990

ORIGINAL: ENGLISH

COMMISSION ON NARCOTIC DRUGS
Thirty-fourth session
Vienna, 30 January-8 February 1991
Item 6 of the provisional agenda*

PREVENTION AND REDUCTION OF THE ILLICIT DEMAND FOR NARCOTIC DRUGS AND PSYCHOTROPIC SUBSTANCES

Review of drug abuse and measures to reduce illicit demand

Report of the Secretary-General

CONTENTS

	Paragraphs	Page
INTRODUCTION	1-2	2
I. OVERVIEW OF THE ACHIEVEMENT OF TARGETS BY REGION AND BY INTERNATIONAL ORGANIZATIONS	3-21	2
A. Africa	3-4	2
B. Americas	5-7	3
C. Asia and the Far East	8-10	3
D. Europe	11-13	3
E. Near and Middle East	14-16	4
F. Oceania	17-19	5
G. International organizations	20-21	5
II. GENERAL CONCLUSIONS	22-37	5
A. Provision of help to States for demand reduction strategies	22-31	5
B. Continued relevance of targets	32-37	7
Annex. Achievement of specific targets by region and by international organizations		9

*E/CN.7/1991/1/Rev.1.

V.90-89995 7258T

INTRODUCTION

1. The Economic and Social Council, in its resolution 1989/14, requested the Secretary-General to issue a questionnaire to all Governments and regional intergovernmental organizations on action taken at the national and regional levels to implement the seven targets set out in chapter I (Prevention and reduction of the illicit demand for narcotic drugs and psychotropic substances) of the Comprehensive Multidisciplinary Outline of Future Activities in Drug Abuse Control, 1/ adopted by the International Conference on Drug Abuse and Illicit Trafficking. The Council also requested the Secretary-General to prepare a report analysing the information submitted, and assessing how best to provide help to States in furthering demand reduction strategies and determining the extent to which each of the seven targets continued to be relevant.

2. A questionnaire was accordingly prepared by the Secretariat, in collaboration with the International Labour Organisation (ILO), the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the World Health Organization (WHO). It was issued at the beginning of 1990 to 171 Governments and 17 intergovernmental organizations, requesting answers by 31 May 1990. As of 1 September 1990, replies had been received from 44 Governments and 8 intergovernmental organizations. These included 20 out of the 40 Members of the Commission. The present report summarizes the main conclusions to be drawn from the 52 replies. More detailed information is given in the annex.

I. OVERVIEW OF THE ACHIEVEMENT OF TARGETS BY REGION AND BY INTERNATIONAL ORGANIZATIONS

A. Africa

3. Of the 52 countries in Africa, seven (Botswana, Burundi, Chad, Côte d'Ivoire, Egypt, South Africa and Uganda) replied to the questionnaire.

4. The small number of countries replying, and the relatively low level of drug misuse indicated by the data provided, suggest that a lower priority is given to drug abuse than to other health and social problems in the region. It was apparent from the replies that an effort was being made to ascertain the magnitude of the problem and to implement preventive actions but that international help was needed. Collaboration between African countries had been initiated, and there were plans for it to continue through Africa against Drug Abuse (AFRAD), an organization concerned with reducing the demand for drugs in Africa. In the area of prevention, most of the work was being done in education, generally through single actions or by training professionals. The workplace was not the main environment for action. Communities were starting to be involved in prevention, and the diversity of the replies showed the local origin of initiatives. Leisure-time activities were often one-time efforts. In some cases information was given on a continuing basis through the radio. The difficulties encountered were the lack of money, the scarcity of educational materials and facilities, the absence of an adequate infrastructure, the living conditions of sections of the population, and the failure to co-ordinate responses and activities.

READEX FICHE

B. Americas

5. Of the 34 American countries, seven replies were received, from Canada, Colombia, Ecuador, Mexico, Peru, the United States of America and Venezuela.

6. The reports from this region reflected a high level of awareness and motivation on the subject. Many new activities had been carried out, and much effort was being put into structuring and co-ordinating those activities, as shown by the existence of some national plans and programmes for action. Many countries depended upon international assistance, mostly economic, but also technical, and were actively pursuing it. The fact that in the Latin American countries that were receiving more international support the programmes were better st[illegible]tured was a clear indication of the benefits of such assistance. Important progress had been made in the assessment of the drug abuse problem, although some sources of information, such as service-providing agencies, were rarely used. Education on drug abuse had been integrated into many school programmes, and the training of professionals and parents was becoming more and more common, the programmes being adapted to target groups and local needs and circumstances. Seminars had been provided in response to demands from companies and, with the participation of employees, workplace activities against drug abuse were developing. In most campaigns there had been an emphasis on broad health promotion. In some countries, the importance of the involvement of local communities was heavily emphasized. Most countries also held multimedia campaigns to provide information to young people and their parents.

7. The main difficulties encountered were the lack of money and also manpower, as well as the failure to co-ordinate activities and policies adequately across different organizations.

C. Asia and the Far East

8. Replies were received from six of the 21 countries or Territories in Asia and the Far East (Hong Kong, Japan, Maldives, Philippines, Singapore and Thailand).

9. Most countries or Territories had attempted to assess drug abuse from the perspective either of law enforcement or of drug demand. Two countries (Philippines and Thailand) and one Territory (Hong Kong) in the region were making especially active efforts to reduce drug demand and provided very detailed information on their activities. They had developed different systems for assessing the nature and extent of drug abuse on their territory and were in the process of expanding and improving them. Several prevention activities were being implemented, especially in the area of education, with an emphasis on health promotion. Innovative, multifaceted approaches and programmes had been explored, in some cases with international economic and technical assistance, to reach the different sectors of the population.

10. The main difficulties encountered were the scarcity of funding, manpower and material resources, and the lack of co-ordination.

D. Europe

11. Replies were received from 16 of the 36 countries in Europe (Austria, Byelorussian Soviet Socialist Republic, Czechoslovakia, Cyprus, Denmark,

Finland, Germany, Federal Republic of,* Hungary, Monaco, Netherlands, Norway, Poland, Portugal, Sweden, Switzerland and Ukrainian Soviet Socialist Republic).

12. The reports revealed a broad diversity of approaches and drug abuse situations. One important difference between the countries of the region was that in some of them reduction of the demand for drugs was the responsibility of the health and social authorities, with a very small amount of law enforcement participation, while in others the latter sector had an important role. Drug assessment activities were widespread, mostly using treatment-based data or school surveys. Issues associated with the quality, continuity and comparability of data were raised. In general, drug education was integrated into school health curricula but also included the participation of parents and communities. The training of professionals was an important component of education efforts for most countries. Community action programmes tended to be very localized and not part of the national plans, as in some other regions. Actions in the workplace centred around the prevention of alcohol use, since drug misuse in the workplace was not seen to be a major problem. Leisure-time activities, often with the participation of communities and special interest groups, were being promoted. Efforts to inform and educate the media on drug abuse were also being made. International assistance took the form of collaboration between the countries in the region and/or technical assistance from one country to another, rather than from international organizations.

13. The difficulties encountered were again due to the lack of material, human and economic resources, and the failure of organizations, departments and ministries to co-ordinate their activities. Other issues related to methodology for data collection, involving comparability, co-ordination, coverage, continuity and use of information.

E. Near and Middle East

14. Replies were received from five of the 17 countries in the Near and Middle East (Bahrain, Israel, Oman, Pakistan and Saudi Arabia).

15. Two paths of development could be discerned, one a health promotion approach adopted by Israel and Pakistan, the other a deterrent and law enforcement approach favoured by Bahrain, Oman and Saudi Arabia. Drug assessment was based mostly on surveys, and an effort was made to develop monitoring systems. Broadly based drug education programmes, including drug education in schools, training of professionals and extracurricular activities were implemented in some countries, while in others drug education was provided through seminars and lectures at schools or universities. Some activities had been developed to support initiatives in the workplace aimed at drug abuse prevention. Concerns about the possible negative effects of mass media campaigns had often been raised.

16. The difficulty most frequently cited was the lack of resources; sometimes the problem was financial, but more often it came down to a scarcity of trained manpower. It was also noted that communities failed to be aware of the drug problem or denied its existence.

---

*On 3 October 1990, the German Democratic Republic and the Federal Republic of Germany merged to form a single sovereign State called Germany.

F. Oceania

17. There were replies from three of the 11 countries in Oceania: Australia, Papua New Guinea and Tuvalu.

18. Three very different situations emerged from the reports. Australia had in place an array of data collection systems and prevention activities implemented by each of its reporting States and by the police. Papua New Guinea showed a high level of awareness and a commitment to developing activities that would reduce drug demand, as reflected in its plans and requests for international assistance, but financial constraints had curbed those initiatives. Tuvalu had developed workshops at the Marine Training School focusing on drug abuse in the workplace.

19. The main difficulties cited were the scarcity of financial resources, the fragmentation of information and the problems of co-ordination between agencies and between States in a federal structure.

G. International organizations

20. Eight (South American Agreement on Narcotic Drugs and Psychotropic Substances (ASEP), Caribbean Community (CARICOM), Council of Arab Interior Ministers, Council of Europe, Customs Co-operation Council, International Criminal Police Organization (ICPO/Interpol), Islamic Foundation for Science, Technology and Development, Southern African Development Co-operation Conference) out of 17 international organizations replied to the request for information on drug demand reduction activities in their region. Of these, five (ASEP, Customs Co-operation Council, ICPO/Interpol, Islamic Foundation for Science, Technology and Development, Southern African Development Co-operation Conference) stated they were not in a position to complete the questionnaire since the information requested was not relevant to their past or ongoing activities, but should be supplied by their Member States. ASEP is preparing a document on measures for drug demand reduction implemented in its area.

21. CARICOM, the Council of Europe and the Council of Arab Interior Ministers completed the questionnaire (for details, see annex).

II. GENERAL CONCLUSIONS

A. Provision of help to States for demand reduction strategies

22. The reports received reflected a myriad of drug abuse situations and approaches to the problem, as well as a variety of programme implementation strategies, and differing needs, not only from region to region but within individual regions themselves.

23. Many States had received help from a wide variety of United Nations agencies and bodies, as well as from some other national and international bodies. Many more would like to receive help, however, and a few were disappointed that their requests had not been followed up.

24. In relation to targets 1 and 2, 2/ that is, the assessment of the extent of drug misuse and abuse and the organization of comprehensive systems for the collection and evaluation of data, virtually every country had made efforts in

that direction, but the targets also seemed to generate the greatest frustration. The lack of co-ordination between different ministries or agencies was a constant theme in the reports. Most countries had no formal mechanisms for gathering data from such bodies as health, police and education. Even when information was collected by those organizations, and such was not always the case, effective mechanisms for assembling and consolidating the data did not exist.

25. Help in reaching the targets could consist of support for the setting up of mechanisms for data collection, co-ordination and dissemination, and in the training of personnel to discover and use already existing sources of information. Support needs, however, to be generated in the States themselves by earmarking funds or personnel to carry out the work; it was often commented that the task was a lengthy one, for which government officials making the request did not allow enough time.

26. There nevertheless appeared to be a small but growing trend among a few Governments towards the creation of formal co-ordinating bodies for the collection and dissemination of drug abuse data. Additionally, some countries reported having established informal networks but were pessimistic about their ability to turn those networks into formal structures. The absence of trained manpower for data collection or data processing also commanded attention, as did the lack of financial resources. There were, however, countries that would welcome help at a less sophisticated level, for example in setting up basic data collection systems.

27. The prevention of drug abuse through education (target 3) was also actively pursued by almost every country. Not only the lack of funds, however, but also the dearth of other resources, particularly technical materials and technical assistance, were consistently mentioned.

28. Only a small number of limited activities were reported on the prevention of drug abuse in the workplace (target 4). Some countries said that they paid more attention to alcohol abuse, and others seemed to feel that having legal sanctions against such behaviour should suffice. Many education programmes aimed at specific professional groups could, however, have been included under that heading, as well as under education, since there was a distinct overlap in that area. Absence of financial support, as well as a scarcity of trained staff, made it a difficult task for many. Help in achieving the target could, perhaps, best be given by support for specific projects that individual countries felt were relevant for them.

29. Considerable efforts had been made by many countries, particularly in the Americas, to achieve target 5, the development of prevention programmes by civic, community and special-interest groups and law enforcement agencies. The target was, however, one of those least supported by international organizations and agencies. The scarcity of financial resources was the most inhibiting factor in the development of such programmes. Support for activities encompassed by target 5 could best be given by helping local projects identified by the countries concerned.

30. The provision of leisure-time activities in the service of the continuing campaign against drug abuse (target 6) provoked a varied response. The difficulties in assessing the efficacy of various programmes often made this target hard to justify when a country had more pressing needs. Only countries in Africa and Latin America received any international assistance. Some

Governments mentioned an absence of motivation among young people, others the lack of resources. For some countries, material constraints, particularly when related to the living conditions of certain sections of the population, did not make the pursuit of that goal a high priority or even relevant under certain circumstances.

31. Awareness of the role of the media in the prevention of drug abuse (target 7) was widespread, but how to use its power was proving to be more of a problem. Most countries reported good relations with the media but very few sought international assistance.

B. Continued relevance of targets

32. The first two targets continue to be not only relevant but vital to the development of both national and regional policies. Measuring the nature and extent of drug abuse has always been a requirement of the Commission on Narcotic Drugs, and this task continues to command high priority.

33. The relevance of the education system to programmes designed to prevent drug abuse and harmful practices associated with it will continue to be of the greatest importance.

34. In many countries, the prevention of drug abuse in the workplace was not yet considered an important target, but more and more of them were developing activities that included it as part of a wider programme aimed at the reduction of all drug consumption, including alcohol and tobacco, by workers, and the promotion of a healthier life-style.

35. Doubts were expressed by some countries concerning the direct relationship between the provision of leisure-time activities and the prevention of drug abuse. That target was often seen in the context of providing services for young people.

36. The media will continue to play an important role in all preventive activities, if only through its very ubiquitous nature.

37. In effect, all the targets are still relevant, but not all of them to all countries for all of the time. There are distinct country and regional differences, not only in relation to the nature and pattern of the drug abuse problem but also in relation to differing infrastructures and resources, which determined the relevancy of the goals in different countries. Nevertheless, the two goals that attracted the least attention were the prevention of drug abuse in the workplace and the leisure-time activities in the continuing campaign against drug abuse. This does not mean, however, that they are not relevant, but, in the former case, young people who are under working age are regarded as being most at risk, and in the latter case, both the efficacy of, and resources for, this target have been called into question. The first two are targets of paramount importance, since without a knowledge of the pattern and extent of drug abuse in each country it is difficult to formulate policy options to achieve the other targets. These, therefore, should command most attention and practical as well as financial support.

Notes

1/ Report of the International Conference on Drug Abuse and Illicit Trafficking, Vienna, 17-26 June 1987 (United Nations publication, Sales No. E.87.I.18), chap. I, sect. A.

2/ Ibid., chap. I.

Annex

ACHIEVEMENT OF SPECIFIC TARGETS BY REGION AND BY INTERNATIONAL ORGANIZATIONS

A. Africa

Targets 1 and 2: Assessment of the extent of drug misuse and abuse and organization of comprehensive systems for the collection and evaluation of data

1. Of the seven reporting countries in Africa (Botswana, Burundi, Chad, Côte d'Ivoire, Egypt, South Africa and Uganda) five (Burundi, Côte d'Ivoire, Egypt, South Africa and Uganda) reported having already conducted some assessment of the drug abuse situation, and Egypt was planning to create a drug information system in the Ministry of Health. Assessments through school surveys had been carried out in Côte d'Ivoire and South Africa, and treatment-based data collection conducted in South Africa and Uganda. Police in Burundi had collected data on the crime consequences of drug abuse. Egypt had conducted studies on the use or abuse of psychoactive drugs among specific groups of people and Côte d'Ivoire had developed a campaign for information on and evaluation of drug use and misuse in 14 departments, among different sectors of society. It had also conducted a study among young people, and collected information on populations abusing drugs. South Africa had collected statistics regarding legal and illegal drugs from provincial hospitals and treatment centres, as well as welfare organizations. A national committee on narcotics and drug abuse control had been established in Uganda in January 1990. That country had also centralized national collection of data on seizures and drug-related convictions by the Narcotics Squad. A hospital-based retrospective study covering individuals with psychiatric problems had also been conducted. The Uganda Mental Association had proposed a Uganda school survey on drug abuse, which awaited funding.

2. Four countries provided qualitative data. Burundi reported that drug misuse was concentrated in urban areas, low-income groups and among adolescents. Côte d'Ivoire commented that drug misuse was marginal, though it affected all social strata and was associated with changes in culture and economic troubles. As factors associated with the trend towards drug consumption, Côte d'Ivoire suggested ignorance about drugs on the part of parents and teachers, bad working conditions for farmers, the slump in agricultural products (coffee, cocoa) and urbanization. Egypt said that cannabis was used in rural areas and that heroin was most frequent among higher income sectors, but that there was no problem of alcohol addiction, owing to the impact of religion. Chad noted that an extensive report had been done on the relationship between drug abuse and socio-economic factors such as income, education, urbanization and rural exodus.

3. The Division of Narcotic Drugs of the United Nations Secretariat, the International Council on Alcohol and Addiction (ICAA) and the Egyptian Government had provided manpower training for Uganda. Uganda noted that attempts to secure international technical assistance had been unsuccessful.

4. The most frequent difficulties experienced in the assessment of drug abuse were the lack of co-ordination/collaboration within the country (mentioned by Chad, Egypt, South Africa and Uganda) and the scarcity of financial resources (reported by Côte d'Ivoire, Egypt and Uganda). The absence of trained manpower for data collection or data processing was mentioned by Chad, Côte d'Ivoire,

Egypt and Uganda. Problems associated with data reliability, due to the diffuse and evasive nature of drug abuse, were specified by Burundi, Chad, Egypt and South Africa.

Target 3: Prevention through education

5. All seven reporting countries in Africa implemented some type of education for drug prevention. Programmes in Botswana were not aimed at any specific target, but included advice on the dangers of drug abuse. In Uganda the police had started a crime prevention programme in 1988 to educate the public on various crimes that were rampant owing to narcotics involvement. Two other countries, Côte d'Ivoire and Egypt, provided training for professionals: seminars for teachers, police, social workers and educators in Côte d'Ivoire, and training for physicians and pharmacists in Egypt. Chad and Uganda produced radio broadcasts for young people and parents, while Burundi held information and awareness meetings and television broadcasts for all population groups. South Africa was implementing several programmes for preschool children, school children and young people, some of them based on programmes developed in the United States of America and Australia ("teenagers against drug abuse"; "buddy" project among students to prevent drinking and driving; "BABES" programme, aimed at pre-school children; "cherish-our-youth", for young people of school age; and life education). An association of university women in Uganda gave talks to school girls.

6. Three of the countries had special curricula: Côte d'Ivoire for social workers, in Egypt for pharmacists and physicians (a national formulary for narcotic and psychotropic medicines had been introduced), and South Africa for two youth programmes ("cherish-our-youth" and "quest" programme). In all seven countries the main objectives were to provide information and to increase awareness but in South Africa and Uganda deterrence was also an aim.

7. Four countries had been given international assistance. Côte d'Ivoire received assistance from the Francophone Drug Control Institute (IFLD); Egypt from the United Nations Fund for Drug Abuse Control; South Africa from Australia; and Chad from International Action against Hunger. Burundi had requested international assistance but had not received any. Botswana, Côte d'Ivoire and Uganda reported difficulties owing to a lack of financial resources. Botswana also commented on the lack of educational material, while Burundi was hampered by the lack of an efficient transport system. The large number of statutory and private bodies hindered data collection in South Africa, while for Uganda the public denial of the drug problem and lack of infrastructure posed the most problems.

Target 4: Prevention of drug abuse in the workplace

8. Côte d'Ivoire was implementing preventive interventions in the workplace and Chad had sanctions against drug abusers in the workplace. None of the countries reported having received international assistance, although Côte d'Ivoire would appreciate help. None of the countries had developed studies on drug abuse in the workplace, although Côte d'Ivoire was preparing one. The difficulties cited were related to social circumstances in Uganda and in Côte d'Ivoire, where a project had had to be suspended owing to budgetary cuts in enterprises.

Target 5: Prevention programmes by civic, community and special interest groups and law enforcement agencies

9. Six of the seven countries reported some type of community involvement. In Botswana there were crime prevention committees, while Burundi had a national childhood committee for the protection of youth, and Côte d'Ivoire had involved the police. In Egypt, the Medical and Pharmaceutical Association had trained its members to strengthen control measures when prescribing and dispensing narcotics and psychotropics. Furthermore, awareness of the interrelation between drug abuse and infection with the human immunodeficiency virus (HIV) had been raised among medical and nursing staff. South Africa was developing a national plan to prevent and combat alcohol and drug abuse.

10. Co-ordination was taking place at local and regional levels in Burundi, Botswana and Côte d'Ivoire but at a national level in Egypt, through the National Council for Drug Abuse. In Côte d'Ivoire co-ordination was ensured by the Interministerial Committee for Drug Abuse Control. There was a proposal to establish an "Africa against Drug Abuse" (AFRAD) organization in Uganda, with a view to promoting co-operation in the reduction of drug demand.

11. None of the countries was receiving international assistance. The difficulties mentioned were the lack of material support from international organizations (particularly in Botswana), insufficient health facilities and an absence of specialized units for treating drug addicts and social unrest in Côte d'Ivoire, and lack of co-ordination and co-operation in South Africa.

Target 6: Leisure-time activities in the service of the continuing campaign against drug abuse

12. Leisure-time activities had been developed by four countries (Burundi, Chad, Côte d'Ivoire and Egypt) as part of the campaign against drug abuse, for example in youth clubs and cultural and sporting centres in Chad and Egypt, and a social defence club organized by the Ministry of Social Affairs in Egypt. Côte d'Ivoire had developed communal workshops for young people and adults. Leisure-time activities on world drug day were also encouraged. Burundi made television sets available to improve information on general activities of the country and, in particular, on drugs. Chad received international assistance from China, France and the United States of America. Burundi stated that international help would be useful. Three countries mentioned difficulties in the pursuit of that target, namely Burundi, Chad and Côte d'Ivoire. An absence of motivation among young people and communities was noted by Chad and Côte d'Ivoire, and the lack of economic and material resources by Burundi and Côte d'Ivoire. Côte d'Ivoire reported on the lack of training and of adequate living conditions, for which leisure-time activities did not provide proper solutions.

Target 7: Role of the media

13. In all seven countries the media played some role, which might take the form of participation in information campaigns, as in Côte d'Ivoire, or of coverage of drug prevention actions by the Government, or the diffusion of preventive messages, as in Egypt and South Africa. Chad and Uganda had regular radio information broadcasts, and in Burundi special efforts had been made to reach young people and pregnant women. Côte d'Ivoire was planning a programme to train media personnel, as well as a guide to prevent the "promotion" of drugs or encouragement of their abuse. Burundi, Chad and Côte d'Ivoire had

regulations to prevent the promotion of drugs by the media. The bodies interacting with the media varied from one country to another. None of the countries was receiving international assistance and Chad and Côte d'Ivoire ascribed their difficulties in pursuing target 7 to that fact. The lack of awareness among the media and the lack of funds for training were also noted.

B. Americas

Targets 1 and 2: Assessment of the extent of drug misuse and abuse and organization of comprehensive systems for the collection and evaluation of data

14. Of the seven reporting countries (Canada, Colombia, Ecuador, Mexico, Peru, the United States of America and Venezuela), all but the United States reported having adopted some measures to assess drug abuse or data collection systems. The most common studies were school surveys, implemented in Colombia, Ecuador, Peru and Venezuela, sometimes in connection with prevention projects, but in most cases carried out at local level. General population surveys were also carried out in Canada, Colombia, Mexico, Peru and Venezuela. Canada produced a compilation of recent alcohol and drug information surveys, and mentioned studies on impaired driving and health promotion, and some 25 studies were reported by Colombia. They included evaluation studies; socio-cultural studies on the characteristics of the different user groups; a study on the prevalence of drug misuse carried out in correctional institutions; a national health survey with a section on drug attitudes, knowledge and use; an alcohol and drug misuse prevalence survey among the military; risk factors for drug misuse among students; and several studies among drug abusers under treatment in one mental hospital. An exploratory study on drug misusers in 1,408 districts in Mexico City was conducted in 1987 using the operational infrastructure (committees) of the drug addiction care programme (ADEFAR). The Information Centre for Drug Abuse Prevention (CEDRO) in Peru was a private institution promoting epidemiological studies on the impact of psychoactive substances. One such study provided information on the prevalence of use of 12 psychoactive substances among the urban household population aged 12-45 years, and included a historical analysis of the use and abuse of coca leaf and its derivatives in Peru. A national secondary school survey collected information in 1988 on the initiation and continued use of psychoactive substances, with the aim of identifying high-risk groups, obtaining an accurate description of drug misuse at the different class levels, and providing a preliminary estimate of the proportion of transition from experimental to regular use. Another study, based on a national sample of schools, examined the extent of knowledge about drugs among adolescents. Detailed summaries on the methodology and results of these studies were provided by Peru. Venezuela has a national reporting system based on treatment and rehabilitation centres and a hot-line registry.

15. The United Nations Fund for Drug Abuse Control gave assistance to Colombia, Ecuador and Peru, and the Pan American Health Organization to Venezuela. The United States helped Colombia and Peru.

16. Mexico reported that, according to the 1988 national household survey, 0.8 per cent of the national population were regular users of illicit drugs. According to a study carried out in Mexico City, the most frequently used drugs were alcohol and tobacco, followed by solvents and marijuana, and that the number of people using these substances totalled 191,788 (1.5 per cent of the total population of the Federal District). Peru disclosed from its

household survey a lifetime use prevalence of 87 per cent for alcohol, 67 per cent for tobacco, 21 per cent for coca leaf, 19 per cent for sedatives, 10 per cent for analgesics and 8 per cent for marijuana.

17. Four countries (Colombia, Ecuador, Peru and Venezuela) reported difficulties in achieving these goals, mostly because of the lack of financial resources. Colombia and Ecuador reported a delay in the arrival of funds offered by the United Nations Fund for Drug Abuse Control, which had brought planned activities to a halt. Peru and Venezuela reported problems with methodological and technical issues and Venezuela also cited the absence of co-ordination.

Target 3: Prevention through education

18. Six (Canada, Colombia, Ecuador, Mexico, Peru and Venezuela) of the seven reporting countries described the work they were doing to promote prevention through education. In most cases, programmes were integrated into school education programmes, as was the case in Canada, Colombia, Ecuador, Peru and Venezuela.

19. Most countries also provided training for professionals, most commonly teachers, as in Colombia, Ecuador, Mexico, Peru and Venezuela, but also for trainers of addiction counsellors in Canada and Peru, community workers in Canada, health professionals in Mexico and pharmacists, psychologists, and members of the armed forces and lawyers in Venezuela. Parents received information and/or training in the six reporting countries, sometimes in conjunction with their children's school education programmes.

20. Colombia was implementing an array of extracurricular activities integrated within its National Plan for Drug Abuse Prevention and Ecuador provided guidance for institutions in the public and private sectors. Peru was attempting to bring about a change in attitude in children and adolescents through families and schools. Venezuela used its Operational National Plan on Drugs to systematize and co-ordinate the response to the social problem of the production, illicit trafficking and use of drugs.

21. Special curricula had been developed in different countries for different groups, such as training in life skills for youth in Canada, and for teachers, parents and students at different levels, including university students, in Ecuador, Peru and Venezuela. Most the countries in the region stressed the importance of adapting the programmes to the needs and circumstances of target groups.

22. Four countries received international assistance: two of them, Colombia and Ecuador, from the United Nations Fund for Drug Abuse Control, Colombia from the Organization of American States (OAS), Peru from the United States and Venezuela from the Inter-American Drug Abuse Control Commission (CICAD) and the Inter-American Children's Institute (IACI).

23. The six countries all mentioned difficulties. Mexico and Venezuela cited the lack of co-ordination. Canada pointed to difficulties concerning the relationship between provincial governments and the Federal Government and Mexico to the absence of comprehensive national policies. Three countries mentioned the scarcity of, or delay in providing, financial resources. Peru reported on the problems caused by the socio-political circumstances of illicit drug trafficking and consumption.

Target 4: Prevention of drug abuse in the workplace

24. Canada, Colombia, Ecuador, Peru, the United States and Venezuela described what they were doing to prevent drug abuse in the workplace. In Ecuador, the United States and Venezuela, the activities mainly took the form of seminars and workshops held in response to demands from organizations. Peru provided counselling on the consequences of alcohol and drug misuse. In Venezuela those initiatives included the creation of employee committees to develop prevention programmes, the distribution of publications and the future development of a programme for pilots and airline crew. Two countries, Canada and the United States, integrated those activities into the framework of broader health promotion programmes in the workplace, including the encouragement of employee assistance programmes. Colombia had a project within the National Plan for Drug Abuse Prevention, which focused on the training of lay educators, who, it was hoped, would act as preventive agents at home, in their communities and in the workplace.

25. Two countries received international assistance, Colombia from the United Nations Fund for Drug Abuse Control and the United States, and Venezuela from the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the World Health Organization (WHO).

26. The only survey or study to have been carried out was one on the quality of life within the working community, including information on knowledge, opinions and use of drugs, which had been conducted at Medellín, Colombia.

27. Colombia and Venezuela were encountering economic difficulties in preventing drug abuse in the workplace. Colombia also referred to the lack of trained manpower and the lack of collaboration from certain sectors within society.

Target 5: Prevention programmes by civic, community and special interest groups and law enforcement agencies

28. All seven reporting countries reported preventive activities by communities and special interest groups. Parents' associations were active in Canada, Colombia, the United States and Venezuela, youth groups were of importance in Canada, Colombia and the United States, and community associations in Colombia, Ecuador and Venezuela. Professional associations were also involved in the United States and Venezuela and religious groups in Colombia and Venezuela. Other active groups included, in Canada, the Lions Club, Girl Guides and the Canadian Police College, in Colombia, the Red Cross social and self-help groups in Mexico, universities in Venezuela and a non-governmental organization dedicated to preventing drug abuse in Peru. Ecuador was planning to implement a "neighbourhood integration centre project", and Mexico had created 1,255 prevention units integrated in the ADEFAR programme. The Peruvian Government was co-operating with CEDRO, which was pursuing nation-wide prevention strategies and encouraging the formation of regional groups and organizations.

29. The most frequently reported objective referred to by Canada, Ecuador, Mexico and Venezuela was to inform the public and to increase awareness of drug problems. Other objectives were to promote the interest and the commitment to alternative activities to drug misuse in Colombia, and increased responsibility for the control of availability, in Mexico.

30. One country, Ecuador, received assistance from the United Nations Fund for Drug Abuse Control. The most frequent difficulties encountered were inadequate, or delayed, financial resources, as recorded by Canada, Colombia, Ecuador and Mexico. The absence of co-ordinated policies was again mentioned by Mexico and Venezuela. Colombia also pointed to the disruptive influence of foreign cultures, which promoted individualism and consumerism.

Target 6: Leisure-time activities in the service of the continuing campaign against drug abuse

31. Five (Colombia, Ecuador, Mexico, Peru and Venezuela) of the seven countries reported on this target. Colombia's National Plan included all types of leisure activities for drug abuse prevention, and once a year a special day was sponsored, in which the whole community participated. Ecuador recorded leisure activities in all schools with prevention programmes. Mexico promoted sporting and recreation facilities for children, young people and families. Peru had different levels of activities, including a community mobilization drive and information on the use of leisure-time, special programmes for street children, extracurricular activities at schools and sports on Saturdays. Venezuela integrated its leisure-time activities into treatment programmes.

32. Two countries were receiving international assistance: Colombia from the United Nations Fund for Drug Abuse Control, and Peru from the European Communities. The United States also gave funds for Peru's school and extracurricular activities project. The difficulty most frequently recorded was the lack of financial resources.

Target 7: Role of the media

33. All seven countries reported media participation. Colombia stated that the media had played a key role. The National Plan for Drug Abuse Prevention was implementing a project for a national prevention campaign through the mass media, which included the creation of a co-ordination and information unit (CEDA) and a mass media campaign. Canada, Peru and the United States carried out multimedia campaigns aimed at teenagers and their families. Colombia, Ecuador, Mexico and the United States conducted frequent press conferences and/or gave out press releases, and invited the media to drug prevention events. Ecuador, Peru and Venezuela had produced printed materials and Colombia and Mexico had information or documentation centres. Mexico and Venezuela had developed awareness seminars for the media, while the United States and Venezuela had agreements with the broadcasters' association or television channels for the coverage of government actions in drug abuse prevention.

34. Colombia, Ecuador and Venezuela reported some regulation of the promotion of the use of drugs by the media, the most extensive being in Venezuela.

35. Colombia and Ecuador received assistance from the United Nations Fund for Drug Abuse Control; Colombia also received assistance from the United States. Finance, or rather the lack of it, was the difficulty cited most frequently, although the production of resource materials and lack of expertise were also mentioned.

C. Asia and the Far East

Targets 1 and 2: Assessment of the extent of drug misuse and abuse and organization of comprehensive systems for the collection and evaluation of data

36. Of the six reporting countries or territories in Asia and the Far East (Hong Kong, Japan, Maldives, Philippines, Singapore and Thailand), five (Hong Kong, Japan, the Philippines, Singapore and Thailand) had conducted assessments or had a data collection system. School surveys had been carried out in Hong Kong, the Philippines and Thailand, with reporting systems in place in Hong Kong, Japan, the Philippines and Singapore. Studies on school drop-outs had been undertaken in Hong Kong and Thailand. Statistical modelling to estimate the number of addicts had been conducted in the Philippines and Thailand. Hong Kong produced survey reports and had carried out special studies on non-opiate users and cough-syrup users who had been under treatment, while in the Philippines there had been studies of women, families and marijuana users, as well as of parental drug and alcohol use. Thailand's studies included those on the epidemiology of stimulant use and on young people in overcrowded areas. The Philippines had conducted a household survey and Singapore a urine sample survey.

37. Hong Kong reported that heroin was the most frequently abused drug. Surveys indicated that 1.1 per cent of the secondary school students and 2.8 per cent of the technical institute students had abused psychotropic substances. They also provided data on demographic characteristics of the different user groups.

38. The Philippines supplied abstracts on all the studies. The results indicated that, among women, 42 per cent of the service workers, 27 per cent of the housewives and 13 per cent of the professionals had taken drugs. The most abused drug was marijuana (46 per cent of the users), followed by tranquillizers (20 per cent) and cough syrups (12 per cent).

39. According to a 1987 study carried out in Thailand in educational institutions, the most frequently used drugs were alcohol, tobacco and marijuana, with a higher concentration of drug misuse in overcrowded areas. More details were also provided on the characteristics of addicts in treatment and correlations between drugs and crime.

40. The Philippines and Thailand both received assistance from the United States. The difficulties encountered were insufficient computer facilities (Hong Kong, Philippines and Thailand), and lack of financial resources (Hong Kong and Thailand). An insufficiency of personnel adequately trained in research or computing was also mentioned by Hong Kong and the Philippines. Difficulties with data collection and data reliability were reported by Hong Kong and Thailand, and problems regarding co-ordination were noted by Thailand.

Target 3: Prevention through education

41. Both Hong Kong and the Philippines reported an array of activities carried out by different statutory and non-statutory agencies. Each had school-based prevention programmes, youth-oriented activities, parents and/or family education activities, teacher training in prevention, and programmes aimed at special populations, such as refugees, potential drug couriers, prisoners, young offenders and street children. Both the country and the Territory provided information for the general population through the mass

media, Hong Kong having implemented drug awareness campaigns and the Philippines having introduced community councils. There was a training centre run by the Association of South-East Asian Nations (ASEAN) for preventive drug education in the Philippines. A pilot project to train primary health workers and a life education centre had been established in Thailand, and a publication for junior high school students had been developed in Japan. Hong Kong, the Philippines and Thailand reported the development of special curricula.

42. The Philippines received assistance from the United Nations Secretariat, WHO and the United States, and Thailand from Australia. Hong Kong and the Philippines mentioned difficulties arising from financial and manpower constraints. Hong Kong was also encountering problems arising from inadequate meeting space, the lack of collaboration from schools and the number of different languages spoken by refugees.

Target 4: Prevention of drug abuse in the workplace

43. Hong Kong, the Philippines and Thailand reported activities for the prevention of drug abuse in the workplace. In Hong Kong, they took the form of lunch-time activities, movable publicity units and talks at seamen's training centres. Seminars and workshops were also held by several firms in the Philippines, and Thailand had developed training schemes for officials and employers and a pilot project on an information campaign for workers. It had also produced some publications.

44. Thailand had received assistance from ILO to organize a workshop on prevention and assistance programmes for workers.

45. Hong Kong reported a scarcity of financial and manpower resources, while both Hong Kong and Thailand highlighted the difficulties that arose from the lack of employers' awareness or willingness to participate in prevention activities.

Target 5: Prevention programmes by civic, community and special interest groups and law enforcement agencies

46. In Hong Kong, the Philippines and Thailand, many different groups were active in drug abuse prevention programmes. Among the activities mentioned were talks by the police to teachers, parents and refugees, medical check-ups for experimenters, and leisure-time activities for users being treated in Hong Kong. In the Philippines, activities centred on families, using effective parenting programmes and activities with professionals and young people. In Singapore, sports firms and clubs participated in anti-drug-abuse activities, while in Thailand non-governmental organizations were very active in promoting drug-free zones. Japan could count on 18,000 volunteers working on the prevention of substance abuse. Thailand received assistance from the United States.

Target 6: Leisure-time activities in the service of the continuing campaign against drug abuse

47. Hong Kong, the Philippines and Thailand reported on leisure-time activities. Both Hong Kong and the Philippines provided activities for young people; in the Philippines such activities also involved parents and families. Thailand promoted popular sports for the general public, such as kite-flying and bicycling.

48. None of those countries or Territories received international assistance. Hong Kong and Thailand mentioned the lack of resources, both financial and manpower, as difficulties, but for Hong Kong the main problem was a lack of adequate space and in the Philippines it was poor co-ordination.

Target 7: Role of the media

49. In both Hong Kong and the Philippines, activities were designed to provide information to the general public, often through television advertisements, support from newspapers, anti-drug dramas and information materials.

50. The Philippines received assistance from the Colombo Plan for the Co-operative, Economic and Social Development in Asia and the Pacific. Among the difficulties encountered, Hong Kong mentioned the glamorization of drug misuse by the media, while the Philippines singled out the lack of funding and the rapid turnover of media staff.

D. Europe

Targets 1 and 2: Assessment of the extent of drug misuse and abuse and organization of comprehensive systems for the collection and evaluation of data

51. Of the 16 European countries (Austria, Byelorussian Soviet Socialist Republic, Czechoslovakia, Cyprus, Denmark, Finland, Germany, Federal Republic of,* Hungary, Monaco, Netherlands, Norway, Poland, Portugal, Sweden, Switzerland and Ukrainian Soviet Socialist Republic), all but Austria, reported some activities in the assessment of the extent of drug abuse or the organization of systems for data collection. The Byelorussian SSR, Denmark and Finland produced reports on the drug abuse situation. The most common data sources were treatment centres, where information was collected by the Byelorussian SSR, Denmark, Germany, Federal Republic of, Finland, Hungary, Monaco, the Netherlands, Poland and the Ukrainian SSR. School surveys were also a frequent source of information, having been used by Denmark, Finland, Hungary, the Netherlands, Poland, Portugal and the Ukrainian SSR. Data referring to drug-related offences had been collected by Cyprus, Denmark, Hungary and Monaco. Denmark, Finland and Norway had produced estimates on the extent of drug misuse, either nationally or locally. There were estimates on mortality data in Poland and household surveys in Denmark and the Federal Republic of Germany; studies had been made of special populations such as military recruits in Poland, prisoners in Norway and Portugal, youth associations in Monaco, border areas in the Federal Republic of Germany and the Netherlands, and young people in Norway. Drug-related problems such as acquired immunodeficiency syndrome (AIDS) were reported on by Switzerland, the use of legal drugs by Sweden, cocaine use by the Netherlands, drunk driving by Norway and hospitalization and sick working days by Czechoslovakia.

52. Cyprus received international assistance from the United Nations Fund for Drug Abuse Control. In most cases, assistance took the form of collaboration or technical assistance.

*On 3 October 1990, the German Democratic Republic and the Federal Republic of Germany merged to form a single sovereign State called Germany.

53. The Byelorussian SSR reported that, according to a 1988 study among addicts, 65 per cent of the users were over 35 years of age, 71 per cent were using opiates and 22 per cent were using psycho-stimulants. According to another study among young people, 22 per cent of the respondents knew young people who used narcotic drugs and 3 per cent reported using those drugs themselves. According to a school survey in Denmark, alcohol was the drug most frequently used in the students' lifetime, followed by cannabis (6-15 per cent of 15-16 year olds) and amphetamines (1-3 per cent of 12-20 year olds). Users being treated included all social classes, but the lowest social class was overrepresented in proportion to the size of the population in that category, as were individuals who had had a difficult childhood. Illegal drug use was at a lower level in Finland than it had been in the 1970s. Exclusive use of illegal drugs was low, while that of medications and multiple drugs was high. According to a cocaine field study in the Netherlands, there was no need to increase the availability of treatment, but the informal means of social control against drug use did need to be expanded. Data from Amsterdam showed a high level of poly-drug use and an association between heroin use and low education and unemployment. Poland reported that 7,000 drug users were being treated every year and applied a multiplication factor of 15-20 to estimate the total number of users as 30,000-35,000. A 1988 school survey among 12-18-year-olds in Portugal revealed a lifetime prevalence of cannabis use of 8.6 per cent, of cocaine use of 1.5 per cent and of heroin use of 1.7 per cent. Switzerland estimated a total number of 144,000 regular cannabis users, 17,900 heroin users, and 16,000 cocaine users. An average age of onset of use of 16-17 years and an association of drug use with infantile behaviour and conflict in the family was reported from the Ukrainian SSR.

54. As difficulties, Byelorussian SSR and Switzerland mentioned the lack of proper computer equipment. In Czechoslovakia, Portugal and Switzerland, insufficient human resources posed problems, and Portugal also cited insufficient financial resources. Switzerland was experiencing problems deriving from its political structure, and Finland reported on the need for legislative changes. Difficulties associated with co-ordination, continuity, comparability, coverage, quality evaluation and use of data were also mentioned by many countries.

Target 3: Prevention through education

55. Most countries (Byelorussian SSR, Czechoslovakia, Denmark, Finland, Federal Republic of Germany, Hungary, Netherlands, Norway, Poland, Portugal, Sweden and Switzerland) had developed some prevention activities through education, most frequently through the use of drug education in schools, as a rule under health education. Other activities were aimed at the education of parents in the Byelorussian SSR, Denmark, Portugal, Switzerland and the Ukrainian SSR, or at the training of professionals. The target groups for the latter were teachers in the Federal Republic of Germany, Hungary, Norway, Portugal and Switzerland, health professionals in Hungary, the Netherlands and Portugal, but also law enforcement officials in Hungary and Portugal, social workers in the Federal Republic of Germany, Monaco, Portugal and Switzerland, university professors in Hungary, journalists in Portugal and drug consultants in Norway.

56. Special curricula had been developed for schools in the Byelorussian SSR, the Federal Republic of Germany, Portugal and the Ukrainian SSR, as well as for teachers in the Federal Republic of Germany, Norway and the Ukrainian SSR, parents in the Byelorussian SSR and medical professionals in the Netherlands.

57. Five countries received international assistance: Finland was collaborating with other Nordic countries, Hungary received technical assistance from a health education institute in the Federal Republic of Germany, Norway was given technical assistance by a research institution in the United States, Portugal by the European Communities, the Council of Europe and WHO, and the Ukrainian SSR by international Alcoholics Anonymous.

58. Many difficulties were disclosed. The Byelorussian SSR, Portugal and the Ukrainian SSR mentioned the scarcity of equipment. Czechoslovakia, the Federal Republic of Germany and Portugal reported insufficient human resources and in the Federal Republic of Germany, Hungary and Poland the lack of financial resources posed difficulties. Finland and Portugal pointed to the lack of co-ordination between agencies as being a problem, while insufficient training was mentioned by Hungary, Monaco and the Netherlands. In Hungary, Monaco, Portugal and the Ukrainian SSR, resistance in the school system was cited as an obstacle.

Target 4: Prevention of drug abuse in the workplace

59. Ten countries reported some type of action in the workplace, mainly directed towards prevention of the use of alcohol. Austria reported on legislation regulating the use of alcohol and drugs in the workplace. The Federal Republic of Germany stated that the use of illicit drugs in the workplace was a minor problem.

60. None of the countries was receiving international assistance. The difficulties encountered included the lack of a computerized statistical system in the Byelorussian SSR and Poland mentioned insufficient financial resources due to budgetary cuts in Poland. Portugal reported a scarcity of information, motivation and resources, while the Ukrainian SSR recorded the absence of scientific programmes.

Target 5: Prevention programmes by civic, community and special interest groups and law enforcement agencies

61. Community, special interest groups and law enforcement agencies had developed prevention activities in most countries. They covered a broad spectrum: seminars and lectures in Cyprus, Finland, Monaco and Switzerland; cultural activities in the Byelorussian SSR, Denmark and Portugal; job orientation in Cyprus and Portugal; social activities in Norway, Switzerland and the Ukrainian SSR; and environmental work in Denmark.

62. None of the countries received international assistance. Hungary used United Nations and WHO publications. On the subject of difficulties, the Federal Republic of Germany, Hungary, Norway and Portugal mentioned insufficient financial resources, and the Federal Republic of Germany and Portugal cited manpower resources. In Poland and the Ukrainian SSR, difficulties arose from the intolerance of the general population towards people who were drug abusers, and in Switzerland the lack of co-ordination created problems.

Target 6: Leisure-time activities in the service of the continuing campaign against drug abuse

63. Several countries promoted leisure-time activities. The Byelorussian SSR and Norway placed an emphasis on sports, Czechoslovakia and Denmark on cultural activities, Finland, Monaco, Norway, Switzerland and the Ukrainian SSR on

recreational activities, trips and holiday camps, and Denmark on environmental work. In Switzerland, a drug-free discotheque was opened. Both Switzerland and the Federal Republic of Germany reported that local activities were not being co-ordinated or registered at the national level.

64. None of the countries received international assistance. The Byelorussian SSR, Portugal and the Ukrainian SSR had difficulties in fulfilling the target due to inadequate facilities for sporting or camping activities and the absence of other material resources. The Byelorussian SSR and the Federal Republic of Germany mentioned insufficient financial resources and the Federal Republic of Germany and Portugal cited the shortage of manpower. Portugal also mentioned poor motivation, while Switzerland and the Ukrainian SSR reported lack of co-ordination, and co-operation between agencies posed difficulties.

Target 7: Role of the media

65. In several countries, the media were involved. Press, radio and television prevention productions were broadcast in the Byelorussian SSR, Czechoslovakia, Portugal and the Ukrainian SSR. Publications for the media and professionals had been produced in Finland, Norway and Portugal. Norway, Finland, Portugal, Switzerland and the Ukrainian SSR had held seminars for the press.

66. Monaco had a regulation prohibiting publicity associated with narcotics, and Norway and Portugal had regulations controlling the publicity for medicines or alcohol and tobacco. In the Federal Republic of Germany there was a regulation prohibiting publications harmful to youth, and legislation in Czechoslovakia and Finland implicitly regulated publications promoting illegal drug use.

67. Most countries had informal mechanisms for collaborating with the media, largely in the form of press conferences and press briefings, in combination with national or international events related to drug abuse. Portugal had a formal protocol of agreement with 165 newspapers.

68. Portugal received international assistance from UNESCO and the Council of Europe. In Czechoslovakia, lack of experience with drug abuse and the consequent inadequate co-operation between agencies posed difficulties. The Ukrainian SSR reported a shortage of funds. In the Federal Republic of Germany, Portugal and Switzerland, freedom of the press and independence of the media constituted a limiting factor.

E. Near and Middle East

Targets 1 and 2: Assessment of the extent of drug misuse and abuse and organization of comprehensive systems for the collection and evaluation of data

69. Israel, Oman and Pakistan reported having some form of drug abuse assessment system. All three had conducted surveys in recent years. Pakistan also had a national case-monitoring system based on patients at detoxification centres.

70. Pakistan had received assistance from the United Nations Fund for Drug Abuse Control. Israel reported that, according to surveys conducted in 1982 and 1989 among the general population, high school students and special populations, there was an increase in the use of hashish from 1.0 per cent in 1982

to 6.5 per cent in 1989, although that increase did not hold true for all the substances put together. Oman noted that most addicts were unemployed, but 82 per cent of drug users were average-income-earners, and only 18 per cent had low incomes. Pakistan recorded that, among users, 99 per cent were male and 35 per cent illiterate, and that the average age was 25-30 years.

71. Israel cited difficulties arising from the scarcity of economic resources and the need for legislative amendments, which would enable requests for information from the concerned bodies to be made.

Target 3: Prevention through education

72. Four countries reported activities aimed at achieving this target. Israel and Pakistan had developed school health education curricula, Oman and Saudi Arabia provided lectures at schools and universities, and Israel implemented a series of varied activities, which ranged from a project for unattached youth to a volunteer movement and education for parents. Pakistan provided training for professionals, while Saudi Arabia provided special group-oriented posters and seminars.

73. All four countries had developed curricula tailored to their target groups, Oman and Saudi Arabia emphasizing deterrence, Pakistan the mobilization of communities, and Israel the promotion of a healthy life-style and a clarification of values.

74. Pakistan received assistance from the United Nations Fund for Drug Abuse Control, the United States and the Commission of the European Communities. On difficulties in fulfilling the targets, Israel, Oman and Saudi Arabia mentioned the shortage of material and financial resources. Israel stressed the insufficiency of manpower resources and Saudi Arabia mentioned the fluctuation in penalties for smugglers and dealers.

Target 4: Prevention of drug abuse in the workplace

75. Four countries reported having undertaken some type of workplace initiative. Israel had initiated negotiations with industrialists to start prevention programmes in factories, Oman described the implementation of strict control measures, Pakistan reported that it held courses for social workers at workplaces and industrial areas, and Saudi Arabia had organized cultural and health activities with companies and schools.

76. Pakistan received assistance from the United States. Israel had recently conducted a survey in the workplace and Pakistan mentioned some studies that were not yet completed.

77. Workers' fear that they might be dismissed if they admitted to drug abuse was a difficulty encountered in Pakistan.

Target 5: Prevention programmes by civic, community and special interest groups and law enforcement agencies

78. Activities by community and special interest groups and law enforcement agencies were reported by Israel, Pakistan and Saudi Arabia. Israel encouraged initiatives by local leaders and Pakistan provided education for parents and communities involved in the fight against drug availability. Saudi Arabia organized a travelling caravan for education against drug abuse.

79. None of the countries received international assistance. Israel and Pakistan were experiencing difficulties because of limited financial resources and the lack of awareness of the problems of drug abuse.

Target 6: Leisure-time activities in the service of the continuing campaign against drug abuse

80. Four countries promoted leisure-time activities. Pakistan promoted sporting activities, Israel provided orientation courses for volunteers and camps for young people, Oman promoted sporting activities and encouraged educational and religious activities, and Saudi Arabia had developed playgrounds for children and young people.

81. None of the countries received international assistance. Among the difficulties reported, Israel highlighted the lack of financial resources and manpower training. Saudi Arabia drew attention to the absence of facilities.

Target 7: Role of the media

82. Three countries reported on the role of the media. Israel mentioned radio broadcasts, the preparation of television videos and an increased awareness by the media of drug problems. Pakistan had developed messages and printed materials for the general population and special groups. The Ministry of the Interior in Saudi Arabia had asked the media to participate in preventive activities. Oman had not developed any activities because of the possible risk of arousing the curiosity of young people and hence of encouraging drug abuse. Oman had laws prohibiting the promotion of drugs on religious grounds and in the interests of the nation.

83. Pakistan received assistance from the United Nations Fund for Drug Abuse Control. It had difficulties with lack of motivation as the part of the media and both Pakistan and Saudi Arabia reported the need to convey the right message to avoid possible negative effects.

F. Oceania

Targets 1 and 2: Assessment of the extent of drug misuse and abuse and organization of comprehensive systems for the collection and evaluation of data

84. Australia reported the existence of data collection systems by the police force and a plan to set up a national drug abuse information centre and an Australian drug data base system. Some states had conducted school and special population group surveys and had ongoing treatment-reporting systems.

85. The State of Victoria in Australia provided data from youth training centres, in which 70 per cent of the youth had used marijuana and 30 per cent had used narcotics in their lifetime, whereas, among senior students, 30 per cent had used marijuana in their lifetime.

86. Difficulties arose not only from the lack of financial resources (Australia and Papua New Guinea) but in Australia also because the responsibilities for drug-related matters were split between commonwealth and state governments, causing some fragmentation in the collection and evaluation of data. The hope was expressed that the implementation of the new Australian drug data base system would improve the situation. There was also an unwil-

lingness to provide any more information because of the lack of feedback. Papua New Guinea reported difficulties with finances.

Target 3: Prevention through education

87. Australia reported on activities by the police, who gave lectures on drug education to schools and community groups, and noted that police officers received training in drug education. Drug education was integrated into school curricula in some states, such as South Australia, and included the production of materials for teachers. Some states provided training for professionals. A campaign to limit the use of tranquillizers was also undertaken in Western Australia. Papua New Guinea had developed a course for high school students.

88. Papua New Guinea had requested international assistance from the United Nations Fund for Drug Abuse Control. The difficulties encountered included resistance to information programmes from school staff, felt particularly by the police in Australia, and the lack of finance in Papua New Guinea.

Target 4: Prevention of drug abuse in the workplace

89. Australia and Tuvalu had both developed activities to prevent drug abuse in the workplace. The Australian Federal Police offered staff health promotion at all levels of the organization, and different states provided consultancy services to companies. Seminars for occupational health staff and awareness programmes had been introduced in Western Australia. Tuvalu conducted an annual workshop on drug abuse for the Marine Training School.

90. None of the countries received international assistance. Australia's difficulties arose not only through the shortage of staff and money but also because clearer legislation was needed on the responsibilities of employers. For Papua New Guinea, a lack of financial support had caused the most problems.

Target 5: Prevention programmes by civic, community and special interest groups and law enforcement agencies

91. Prevention activities carried out in Australia included assistance to communities in developing their own programmes and mobilization of the community to report suspected drug-offenders. In Papua New Guinea activities were in the planning stage.

92. Papua New Guinea had requested international assistance from the United Nations Fund for Drug Abuse Control. The difficulties in Australia arose from the large geographical areas to be covered and in Papua New Guinea from the lack of resources.

Target 6: Leisure-time activities in the service of the continuing campaign against drug abuse

93. Australia reported on programmes of alternatives to illegal drug use, including sporting, theatrical, dance and rock music events.

94. None of the countries received international assistance. Difficulties in Australia included lack of research on the effectiveness of those approaches, and a demand for services greater than the resources available. Papua New Guinea again mentioned the lack of resources.

Target 7: Role of the media

95. Activities in Australia included the participation of government officials in radio broadcasts and media coverage of campaigns and programmes. In Papua New Guinea, the media covered the activities of the Narcotics Control Board. There was no regulation of media activities in any of the countries, except in one state in Australia.

96. None of the countries had received international assistance. The difficulties reported were the sensational treatment of drug issues by the media and lack of co-ordination in Australia, and lack of resources and threats to the media from drug barons in Papua New Guinea.

G. International organizations

Targets 1 and 2: Assessment of the extent of drug misuse and abuse and organization of comprehensive systems for the collection and evaluation of data

97. The Caribbean Community (CARICOM) reported having organized the first regional workshop for personnel working on data collection, in June 1990. Data collection efforts in the region and methodologies were reviewed and baseline data to be collected were identified. Resource persons were visiting the countries to ascertain technical assistance needs. Some research had been done on the use of drug images in advertisements and in the media.

98. The Council of Arab Interior Ministers had produced an information and statistical bulletin on Arab and international institutions for the control of narcotic drugs and an Arab information data bank on illicit trafficking and use was being established. A questionnaire on the size of the problem in member States had been issued in 1987 and information collected on seizures, the characteristics of drug abusers, the reasons for abuse and its geographical distribution and available treatment facilities.

99. The Council of Europe had conducted a comparative epidemiological study on drug misuse in seven European cities and had produced a technical report on reliability, availability and comparability of eight indirect indicators of drug abuse, with the aim of improving comparability. That network was being increased to include 15 cities. An instrument for school surveys on drug misuse had been tested.

100. CARICOM had received assistance from the European Communities and the United States. The Council of Europe reported that, according to a study done in April 1988, drug abuse was not a major concern among the armed forces group, since only a small number of cannabis users were found.

101. CARICOM mentioned, as focal points of data collection, the Technical Advisory Group, its secretariat and the Caribbean Epidemiology Centre (CAREC). The CARICOM secretariat co-ordinated the Regional Programme for Drug Abatement and Control. The Council of Arab Interior Ministers cited its secretariat as the focal point for data collection.

102. The lack of financial resources was the main difficulty for CARICOM, and, although adequate manpower was available within the region, additional technical support was expected from CICAD and the United Nations Secretariat. The difficulties encountered by the Council of Arab Interior Ministers were the late arrival and incompleteness of information and the fact that it was

based on estimates. The difficulties reported by the Council of Europe were the lack of availability and comparability of data, and it highlighted the need to create special units for data gathering at local level and to interpret data in their socio-cultural context.

Target 3: Prevention through education

103. CARICOM had held a meeting to review approaches to drug abuse prevention in the region and had participated in another meeting on programming and implementation of the Inter-American plan of action. The Council of Arab Interior Ministers was preparing a unified Arab information plan to co-ordinate the efforts of the media. The Council of Europe had developed a model "Education for Health" for use in schools and the community, which had been tested (with the collaboration of the Commission of the Economic Communities and WHO) among high school children in 11 European cities.

104. The activities of the three organizations included the creation and adaptation of curricula for target groups.

105. CARICOM had received assistance from the Commission of the European Communities. It had not encountered any major difficulties, but it highlighted the need for co-ordination between agencies. The Council of Europe reported an absence of motivation among teachers, parents and local authorities and a lack of financial support.

Target 4: Prevention of drug abuse in the workplace

106. None of the organizations reported activities for the prevention of drug abuse in the workplace, although the Council of Arab Interior Ministers stated that the unified Arab information plan (see paragraph 103) would cover awareness programmes.

Target 5: Prevention programmes by civic, community and special interest groups and law enforcement agencies

107. CARICOM was promoting the formation of national co-ordinating councils. The Council of Arab Interior Ministers reported the establishment of an Arab society for the prevention of narcotic drugs and psychotropic substances in May 1990.

108. CARICOM had received international assistance from the Commission of the European Communities. The main difficulty for CARICOM had been the lack of full-time co-ordination in some member States.

Target 6: Leisure-time activities in the service of the continuing campaign against drug abuse

109. The Council of Arab Interior Ministers reported on leisure-time activities at a national level in Arab member States.

Target 7: Role of the media

110. CARICOM had organized a meeting and a workshop to raise awareness among decision-makers in the media and to train media professionals. The unified Arab information plan of the Council of Arab Interior Ministers included programmes targeting all groups of citizens through the various media. The

European Co-operation Group to Combat Drug Abuse and Illicit Trafficking in Drugs ("Pompidou Group") of the Council of Europe was studying the role of the media in shaping attitudes to drug misuse.

111. The Council of Arab Interior Ministers cited several regulations preventing the promotion of drugs by the media, particularly the model unified Arab law on narcotic drugs, and the Arab strategy for combating the illicit use of narcotic drugs and psychotropic substances.

112. CARICOM had received international assistance from CICAD and the Europear Communities but lack of funding was still the major difficulty for CARICOM.